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ABSTRACT

This study examined the experience and planned activities regarding nursing home admissions of persons with Acquired Immune Deficiency Syndrome (AIDS). Surveys were sent to 235 nursing home administrators in Illinois to obtain information on the facility, staff needs and experiences in service provision to persons with human immunodeficiency virus (HIV) infection, admissions and finances, and respondent information. Responses from 54 nursing homes revealed that fewer than 10% of the facilities received referrals and none reported admissions of persons with AIDS. A variety of issues were reported that blocked prospective care of persons with AIDS. Reimbursement concerns predominated, with 25-47% of respondents potentially willing to admit persons with AIDS if given adequate reimbursement. Anticipated staffing concerns included fear of attrition and recruitment problems, staff resistance, family concerns and training and supervision. Concerns about residents included resident fears and lack of information, capability to care for persons with AIDS-related illnesses and issues about age mix of residents. Within the homes, activities included discussion of the AIDS issues and sending staff to AIDS education programs. These findings suggest that, while education provided to nursing home administrators and staff may quell some fears about infection control and the clinical picture of care for persons with AIDS-related illnesses, more adequate protocols for assessment, reimbursement, and referral linkages are needed to facilitate appropriate care. (Author/NB)

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Persons with AIDS/HIV and Nursing Homes

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Persons with AIDS/HIV and Nursing homes

Abstract

Objective: Survey nursing home administrators about experience and planned activities regarding admissions of persons with AIDS. **Method:** A survey was sent to a random sample of homes across Illinois. The questionnaire included information on the facility, staff needs and experiences in service provision to persons with HIV infection, admissions and finances and respondent information. **Results:** Fewer than 10% of the facilities received referrals and none reported admissions. A variety of issues blocked prospective care of persons with AIDS. Reimbursement concerns predominate, with 25 -47% potentially willing to admit given adequate reimbursement. Anticipated staffing concerns included fear of attrition and recruitment problems, staff resistance, family concerns and training and supervision. Concerns about residents included resident fears and lack of information, capability to care for persons with AIDS-related illnesses and issues about age mix of residents. Within the homes, activities included discussion of the AIDS issues and sending staff to AIDS education programs. **Conclusions:** While education to nursing homes administrators and staff may quell some fears about infection control and the clinical picture of care for persons with AIDS related illnesses, more adequate protocols for assessment, reimbursement and referral linkages are needed to facilitate appropriate care.

PERSONS WITH AIDS/HIV AND NURSING HOMES

Barriers to providing long-term care services to persons with HIV infection are imbedded in pervasive fear about AIDS and resulting discrimination against People with AIDS (PWAs). Implementation of long-term caring for PWAs is complicated by issues of how to efficiently, adequately and compassionately serve a fairly new population. Kane and Kane[1] define long term care as "a set of health, personal care, and social services delivered over a sustained period of time to persons who have lost or never acquired some degree of functional capacity" (p 4). While initially, care for PWAs was often viewed either as acute, crisis oriented, or terminal care, with the advent of life sustaining antiviral drugs and application of health promotion principles to PWAs, persons affected are living longer and their continuing care needs are increasingly being viewed as chronic. States are only beginning to give attention to plan policy and programs directed at long-term service needs for PWAs.[2,3,4]

To date there is no universal method for projecting the need for long term care services; current estimates using several methods range from 10-25 percent of all living cases may require this type of care.[3,4,5] One study[6] was conducted by the National Association of Public Hospitals and the Association of American Medical Colleges, Council of Teaching Hospitals. In a survey of 169 member hospitals, it was found that of 5,325 discharges of PWAs, only 5% were placed in a long-term care facility, while 6% received skilled care at home.

What long-term care is currently available to PWAs? What developments are integral to meeting their long-term care needs? Descriptive data on the present long-term care situation for persons with HIV related illnesses is necessary to close

gaps and to propose solutions geared toward enhancing the resources of the health care structure in each locality to develop needed resources not available at this time.

BARRIERS TO LONG-TERM CARE SERVICES FOR PWAS

Nursing homes have traditionally been sources of skilled nursing and custodial care to frail elderly and disabled people who have functional impairments including cognitive deficits that preclude independent living or community and home-based care. The long-term care facility comprises an attractive and less expensive alternative to hospitals for 24 hour supervised care not available at home.

Studies have documented the perceived lack of accessibility to this care for PWAs in care facilities. Carner and Bressler[7] surveyed 204 Pennsylvania nursing homes. The responding 54 administrators reported receiving 14 applications (by nine homes) for admission by PWAs. Thirteen applications were rejected and one patient died before a decision was made. Nearly half of the homes expected to receive new or more applications for admission of PWAs. Forty percent of the respondents said that they would not be willing to accept any AIDS patients, 49% were unsure, 6% indicated that they would accept at least one PWA, and 5% indicated that they would only provide care to a PWA if that individual was currently a resident. Administrators indicated reasons for rejection of PWAs including: no isolation areas in facility, concern for both staff and patient safety, lack of staff education, inappropriate reimbursement, fear of losing future admissions and union problems with staffing[7].

In 1986 the Minnesota AIDS Project completed telephone interviews of 106 nursing homes. Eighteen homes reported they would provide services to PWAs. When these 18 homes were actually confronted with accepting a patient, only one

agreed to do so. Forty-seven homes replied that they may provide services in the future. As of July 1987, the project reported that there were only three beds designated for PWAs in the state[2]. More recent reports from Minnesota, however, indicate that after litigation occurred an increased number of facilities have accepted residents and at least two facilities have publicly reported their willingness to care for residents with HIV infection.

In 1988 Wisconsin Department of Health and Social Services surveyed licensed nursing homes in the state[8] and reported that 36 (13%) of the 277 homes who responded were approached to admit a person with HIV infection. Of those 36 facilities, only two reported that they had knowingly admitted a PWA. Of those facilities who had not received any requests to admit a PWA, 20% indicated they would have admitted if approached, 69% responded that they would not have, and 10% were undecided.

A 1986 Illinois survey of 240 nursing home decision makes[9] reported that of the 35 respondents, 7 said yes - they planned to admit a patient with AIDS, 24 replied no, and 4 were uncertain. Obstacles to providing long-term care services a majority of the nursing home decision makers reported were: (a) present policies were not adequate to cover admission of a PWA; (b) anticipated additional costs in serving AIDS patients; (c) reimbursement rate from public aid (Medicaid) would not cover the costs of caring for the PWA; and (d) anticipated problems among residents, staff and families of residents.

STUDY BACKGROUND AND DESIGN

At the inception of our study (June, 1988) there was only one known Illinois long-term care facility which had dedicated four beds to the care of PWAs3. While no additional had been added in the past five years, the number of PWAs had

continued to double every 10 to 18 months. A recent needs assessment[3] had identified skilled nursing service as the most needed unavailable service for PWA in the care continuum.[5,10]

Subsequent action taken by state decision makers included a letter from the State Health Director to all long-term care facility administrators calling on administrators to provide care for persons with HIV infection and indicating that they "must not only prepare long-term staff to care for diagnosed cases, but assure that staff protect themselves from undiagnosed residents already in their care." The letter cited section 504 of the Rehabilitation Act of 1973 mandating that health facilities may not refuse to admit patients on the basis of their disability, AIDS being considered a disability. In addition the letter informed administrators that the barrier caused by the state requirement of written approval for admission of a person with an infectious disease had been lifted for HIV infected persons; permission from the state health department could be obtained over the telephone on the same day as the request.

A study was designed in response to increasing reports of frustration in arranging for post hospital care for PWAs by discharge planners, social workers, and PWAs in Illinois. Service workers brought their concerns to the attention of a Service Providers Council at the AIDS Foundation of Chicago. A two part study was devised to assess the views of both halves of the referral network: the referrers, the discharge planners and social workers who predominantly refer PWAs to long-term care facilities, and the receivers, the administrative staff within long-term care facilities who may oversee the reception of PWA referrals. This report addressed the results of the survey of long-term care facilities. (Information about discharged planner responses is related elsewhere.[11,12]) Four

specific research questions were addressed:

(1) What is the level of accessibility reported by nursing home facility administrators?

(2) What are the barriers or obstacles to access or provision of long-term care services to persons with HIV infection?

(3) What role does reimbursement play in access or provision of care?

(4) What AIDS related activities are nursing homes involved in at this time?

METHODS

Instruments

A self report questionnaire was devised for the nursing home administrators. Questions were both open ended, closed and partially closed choice items to assess the following information: description of the facility, staff needs and experiences, service provision to persons with HIV infection, admissions and finances and respondent information. Many of the descriptive questions were in simple multiple choice or fill-in-the-blanks format. Respondents were asked to list three obstacles or disadvantages and three changes that would be needed (service, policies, and programs) to facilitate care for those with AIDS related infections in long-term care facilities. Respondents also responded to a list of 15 possible consequences of admitting PWAs to long-term care facilities using a Likert-type scale to rate their perceived likelihood of occurrence. Finally respondents indicated additional costs per day per resident they estimated would be entailed in caring for PWAs.

Data Analysis

All responses were coded to compute frequencies and descriptive statistics. The Likert-type scale responses were tallied in terms of frequency of responses, and for

purposes of comparison mean scores were calculated. Responses to open ended questions were sorted according to the main idea expressed. The questions about obstacles/disadvantages and needed changes were organized using a thematic analysis with answers broken down into themes and sub-themes and reported in detail. To assure that views other than those assumed by the researchers to be relevant were recognized, atypical responses and variations on themes were noted.

Sample

The survey was sent to all Cook County nursing facilities and a random sample of 70 other homes across the state, for a total of 235. Cook County, which includes Chicago and its surrounding suburbs, received primary attention since ninety percent of all AIDS cases have occurred in this area. This report gives the results of 54 completed surveys. In telephone follow-up calls, some administrators suggested they avoided completing the questionnaire because they do not admit HIV infected residents, and do not have plans to do so.

Respondents

Survey of Nursing Homes. Table 1 describes the facilities and the respondents. The sample of homes represents the variety of facilities in the County. Two-thirds offered skilled care, while almost half offered intermediate care and many offered both. Only a few identified themselves as offering lower level sheltered or residential care. Profit status was evenly split, as was urban/suburban status. Few were rural. Sixty percent described themselves as private facilities, while only nine percent were identified as public. About a quarter each were affiliated with hospitals or churches. Four-fifths were Medicaid related facilities, while over a third identified themselves as private pay. A quarter identified Medicare payment as a payment source, which is limited to skilled facilities in the nursing home area.

While the size of the sample is too small to generalize easily it is notable that the varied characteristics of the sample paralleled the general patterns in the area. The study was descriptive only with no attempts to correlate outcomes by facility characteristics due to limited sample size.

Insert table 1 here

Three quarters of the respondents were the facility administrators, as targeted. All respondents were in administrative decision making roles regarding admissions. Directors of nursing responded to the survey occasionally, which is acceptable, since they are seen as active decision makers in many facilities. Disciplinary background and years in long-term care or at the current facility indicated that the respondents have been invested in the long-term care industry and have a fair amount of experience providing long-term care services.

FINDINGS

Are nursing homes receiving applications for admission of patients with HIV infection?

Most facilities reported an almost total lack of referral activity. Over 90% of the facilities reported they had never received an application for admission of a PWA from hospital discharge planners. Table 2 details the reports from the six homes that received PWA referrals. It was notable that all of these accepted Medicaid as payment, suggesting a more accountable relationship to the state agencies. When asked why admission was incomplete, two indicated the care

required exceeded capacity and one indicated that the patient chose another facility. The others gave no reason for non-admission. Two of the homes replied that in general they would admit a PWA if adequate reimbursement was made readily available. Four of the 6 were skilled nursing facilities that would be likely referral targets for individuals requiring a range of post-hospital care. Two, however, were facilities dedicated to care of the young chronically mentally ill. Given the preponderance of geriatric facilities in the overall nursing home arena, the number of those with previous experience serving younger adults suggest that these appear more attractive to discharge planners or are more receptive to early referral attempts.

Insert table 2 here

The homes varied in size, but most were medium to large. Notably these were all for-profit homes, without other affiliations. They were predominantly urban, with two being from suburban areas.

Overall, the actual level of accessibility as reported by nursing home administrators was extremely limited. With only a small number of homes having received applications, they had little experience or demand to develop policy or understand the actual consequences of admitting a PWA.

<u>What types of outcomes are anticipated by nursing home administrators in admitting a PWA to their facility?</u>

Anticipated consequences for admitting PWAs were elicited in two ways. First, early in the survey, administrators were asked to respond in their own words to the open-ended question, "Please list three obstacles or disadvantages in providing care

to persons with AIDS related infections in your facility." These open-ended responses are presented in table 3. Second, the respondents rated a number of specific outcomes in the questionnaire in terms of their likeliness to occur. The choice selection responses are presented in table 4. These latter choice selection questions assessed both positive and negative outcome predictions.

Insert tables 3 & 4 here

Reimbursement. On the open-ended questions, 11 of the 94 responses dealt with financial concerns. These related mainly to general care costs (2), supply costs (2) or reimbursement concerns (5). Notably with regard to reimbursement, two of the five who mentioned this as a main concern noted that their reimbursement for existing residents was already too low. On the choice selection responses, a very large majority of the administrators voiced reimbursement concerns, comprising one of the strongest trends. Eighty-three percent of the administrators felt that reimbursement difficulties were either very likely or likely to occur, while only six percent reported this was not a likely problem. One administrator reported that they could accept private pay HIV patients only. It is notable that when asked to rate problems, most cited financing, but when asked to list their concerns, only five of the 54 respondents noted this concern.

Staffing. Staffing problems emerged as major problems on both the open-ended and choice selection questions. In both sets of responses administrators expressed concern about staff recruitment or attrition. When the "very likely" and "likely" categories of anticipated likelihood were combined, 87% of the administrators reported they anticipated recruitment problems, and none felt that

recruitment of staff would not be a problem. One administrator remarked, "we would have problems in staffing the facility to care for AIDS patients." Four reflected concerns about staff turnover.

Administrators were more concerned about staff resistance. Five of the perceived disadvantages reflected fear or apprehension among staff and three reflected general staff concerns. One specified a staff fear of "catching AIDS" and one described the staff resistance as a "panic reaction." One specified concern that the family of staff would be anxious. Some administrators were concerned about the possible low level of staff performance or refusal to care for PWAs. This parallels the 88% who responded on the choice selection questions that they felt that staff assignment difficulties were likely or very likely to occur. One questioned the ethics of requiring a staff member to assume the risk of "devastating effects" in caring for residents.

Training and supervision concerns were somewhat less prevalent, although on the choice selection questions, 76% felt these were likely or very likely to occur. On the open-ended questions two administrators expressed concern about staff level of understanding or ignorance. Five expressed concerns about the need for training and education of staff. On a related note some of the respondents were concerned about education of family members and volunteers.

Market and Admission Concerns. A number of items related to marketing and admissions concerns were perceived to be important to administrators. On the choice selection questions, almost half felt that admission of HIV patients would create a kind of uncontrolled demand for care. Alternately, almost two thirds felt that admissions would lead to a decline in community referrals. One explained, "if other residents are not willing to live in this type of environment, you have no

census and you cannot exist just on AIDS patients." One was concerned whether "families would accept this." Another felt "would have a difficult time caring for AIDS patients together with geriatric patients." Another stated they would not admit an HIV patient "by preference unless it was a geriatric patient" while another commented they would not admit PWAs "because of resident population." Four respondents were concerned about general community apprehension, public relations, public fear or their reputation. Only one, however, mentioned that fear of AIDS/ARC would be a deterrent to recruiting residents. Many more, however, were concerned that families would withdraw residents from the home (seven responses) or that families would not accept the policy. Only one expressed concerns that residents might request a move. Some also noted general fears or objections by families.

Resident concerns. The open-ended responses presented a substantial number of concerns about residents, ranging from resident fears (6), resident lack of knowledge (1), general resident acceptance and reactions (4). A number, however, expressed concern about the effect of admission to their type of facilities on people with HIV infection. These included questions about the PWA's ability to adjust to the setting and four responses about age mix of PWAs with geriatric residents. The concern about age mix seems to be a particular concern to these respondents. These types of concerns were also reflected on the choice selection questions. Conflict between residents was considered very likely or likely to occur by 76% of respondents, ranking fifth on the list of outcomes. Fewer were concerned about problems in finding suitable activities, or difficulty finding physician care.

Physical/Structural changes needed. Several respondents noted physical or structural changes needed to accommodate care of PWAs. Five listed general building or space problems, while three stated specific concerns such as laundry, bathroom accommodations or need for private rooms.

Infection Control emerged as a concern in the open-ended questions. While some of these reflected the types of concerns found in any health care facility (procedures for infection control or disposal of materials), some felt the majority of non-infected residents would pose a particular problem. In particular the impaired judgement of the majority of the population was noted. Only one explicitly noted concern about sexual activity and none noted drug use. On the choice selection questions, resident drug use problems was ranked of lower concern to respondents, compared to other issues.

Policy concerns. A few noted that they feel their licensure or care provision description did not fit an HIV population, noting their sheltered or intermediate status did not allow for the intense nursing care anticipated. Only one specified a minimum age requirement.

Positive Outcomes. Fewer administrators regarded admission of persons with HIV infection as leading to positive recognition of the home or improved community relations. It is notable, however, that almost half of the respondents felt that some positive outcomes may occur. Respondents reported that they found little in long-term care journals regarding commendable nursing home examples of caring for HIV infected persons.

According to administrators, what role does reimbursement play in providing services to HIV infected persons?

Reimbursement is examined more closely in Table 5. Table 4 showed that the

difficulty securing reimbursement was noted as "very likely" and "likely" to occur in over three-quarters of the respondents. Table 5 displays additional responses related to reimbursement. Fifteen homes, or one-quarter of all administrators, believed that if adequate reimbursement was made readily available they would admit a person with HIV infection and only 47% answered a definite no. This suggests a larger number of homes who would consider HIV related admissions than was previously anticipated.

Insert table 5 here

Of those that might admit PWAs however, most indicated limitations. Comments by these administrators included:

- Not with enthusiasm;
- If the patient was a geriatric patient--infected by blood transfusion;
- With the Department of Public Health's permission;
- If they met admission criteria;
- Public Health Department is changing regulations to prevent refusal.

Reimbursement was a key issue since, 80% of the administrators believed that it would cost them more per day to care for a PWA than an average care resident. Respondents were asked to estimate additional reimbursement needed if they could receive a higher reimbursement for a PWA (flat rate over the $38 they received for normal care residents). Their estimates of the additional need would range from $10 - 250 more per day, averaging at $85.50 more per day.

More than two thirds believed that a facility such as theirs could provide quality care at a lower rate per day than a hospital for a patient needing 24 hours

skilled care.

What AIDS related activities are nursing homes involved in?

Table 6 relates AIDS related activities previously or currently occurring in their facility. A majority of facilities reported discussing AIDS care at internal meetings. About the same percentage of those homes have sent staff to AIDS education programs. Few other activities were reported by the homes.

Over 40% reported developing an admissions policy related to HIV infection. It should be noted that this does not necessarily enable admissions for PWAS, as nursing homes may clarify their admissions policies to exclude admissions of PWAs for reasons such as unable to provide a certain needed care or will only admit geriatric patients.

Insert table 6 here

DISCUSSION

A very low level of activity related to admissions of PWAs into long-term care facilities was found, despite considerable work in preparing staff and mounting admissions procedures. This lack of admissions, despite high documented numbers of needy persons, may be attributed to several possible forces, which probably work together in leading to the breakdown of possible referrals. These forces may include willful decisions by nursing homes not to admit, general ignorance of the care levels required for PWA care, and lack of incentives and reimbursement to provide care, inadequate resources for care within facilities, and lack of actual demand on facilities to provide this type of care. Willful refusal to provide care may be a major factor, however, given likelihood to attempt to bypass civil rights

laws, such refusal will remain difficult to document. Our data showed that many homes were considering admitting PWAs and suggested that in time homes may be more receptive.

What was most compelling in the data is the report that homes did not have incentives to provide care, coupled with fears that if caring for PWAs may have a negative effect on other referrals. A majority of administrators suggested that the current reimbursement rates would not be sufficient to cover the costs of caring for a PWA and this belief may also be attributed to lower levels of AIDS related activities. The one existing study estimating cost of long-term care of PWAs studies in Illinois set costs at $139.52 per day , which supports the cost concerns of administrators. However such estimates often overlook the range of care from minimal to intensive for each prospective resident, depending on the complications and progression of the illness.

Disturbingly, owners have tended to class all PWAs and even persons with non-symptomatic HIV into a labeled category, rather than assessing each prospective resident based on functional care needs. However, since the study completion a Medicaid based incentive program has been put in place for homes to developed specialized dedicated areas of care for PWAs. To date, only one facility has chosen to take advantage of such. Notably this facility has an institutional hospice program that has previously admitted PWAs, diminishing the novelty of admitting PWAs. Reimbursement incentives may help correct the situation, but they are probably not enough to lead to effective provision of sufficient quality and quantity of service.

Further investigation of nursing homes' admission/care criteria could be useful. This information may indicate the resources administrators believe to be necessary

to care for HIV infected residents, which may or may not be based on accurate information regarding the skilled care needs of AIDS related patients. It also may indicate to state decision makers the level of resources necessary to properly prepare facilities to care for this population.

The level of AIDS related activity reported by administrators may be partially attributed to the lack of PWA referrals they have reportedly received for admission. Almost ten percent of administrators reported that their facility sought help in caring for infected persons from specialists; interestingly, this percentage is the same as that of the percentage of nursing homes receiving applications for admission for HIV infected patients. This may suggest that applications for HIV infected residents admission to a facility increases the motivation for engagement in AIDS related activities.

These findings suggest the need for a comprehensive strategy comprising adequate reimbursement based on functional need for care of PWAs. A coalition of nursing homes, community based care providers, and hospitals is needed to meet long-term care needs of PWAs. Education for care providers including administrators and owners is necessary as well as incentives to develop innovative programs under strong leadership and support from regulatory and funding programs. In addition discharge planners, social workers and consumer advocates need to learn to effectively refer to long-term care facilities in a systematic way so that the industry has accurate information about demand for care.

Author Note

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Table 1

Facility and Respondent Description

(n=54)

	Percent
Facility Description	
Level of care able to provide	
Skilled	66.6
Intermediate	48.1
Sheltered	16.6
Residential	3.7
Ownership	
Profit	50.0
Non-profit	50.0
Location	
Urban	46.3
Suburban	46.3
Rural	7.4
Affiliation[a]	
Private	59.2
Hospital	27.8
Church	27.8
Public	9.2
Payment source[a]	
Medicaid	81.4
Private Pay	35.1
Medicare	27.2
Respondents	
Position	
Administrator	76.0
Director of Nursing	11.7
Business Manager	3.9
Owner	1.9
Director of Medical Services	1.9
Other	1.9

Discipline	
Geriatric/Long-term care	41.0
Nursing	20.5
Clergy	12.8
Social Services	7.6
Health care	7.6
Business	7.6
Other	2.5
	Mean
Years in long-term care	12.0
Years at facility	8.4

a. Respondent may select more than one category

Table 2

Admission Requests for Persons with AIDS/HIV

	Number
Referral of AIDS/HIV positive applicants	
Homes that received referrals	6
Homes that did not received referrals	48
Admissions completed	0
Description of homes receiving applications	
Level of care	
Skilled nursing facility only	2
Skilled and intermediate facility	2
Intermediate and chronic mentally ill	2
Number of beds	
38	1
61	1
143	1
200	1
260	1
306	1
Ownership	
Profit	6
Non-profit	0
Affiliation	
private	5
unknown	1
Payment accepted	
Medicaid only	4
Medicare/medicaid	1
All	1
Location	
Urban	4
Suburban	2
Would admit an AIDS patient if adequate reimbursement was readily available	
Yes	2
No	2
No answer	2

Table 3

Obstacles or Disadvantages perceived in providing care to persons with AIDS related infections (N=94 responses).

Themes	
Financial/Issue	
Reimbursement	Medicaid reimbursement inadequate; low reimbursement makes quality care difficult to deliver (3) Anticipate a difficult education process with family members of residents (2) Medicaid rates at present inadequate for routine care of current residents (2) Supply costs (2)
Cost	Caring for PWA would be costly (1)
Staff Issues	Fear or apprehension among some staff (5) Staff concerns (3) Level of understanding of current staff population/staff ignorance (2) Panic reaction among staff (1) Staff fear of catching AIDS (1)
Staff family issues	Anxiety of family members of staff (1)
Staff attrition/ turnover	Staff members would quit (3) Staff turnover would increase especially among nurse's aides, RNs (1)
Staff recruitment	General fear of AIDS/ARC would undoubtably be a deterrent to recruitment of staff (1) Problem to hire caretakers (1)
Staff capabilities	Low level of staff performance (1)
Staff refusal	Staff unwilling to care for those residents (PWAs) (1)
Ethical issues	Staff understand transmission is very specific but if transmission occurs it is so devastating in its effects. Is it fair to require anybody to assume such a risk? (1)
Training and Education	Time involved for preparation and education of staff (one mentioned volunteers) (5)
Issues	Anticipate a difficult education process with a family members of residents (2)

Community Issues	Community apprehension (1) Public relations would suffer (1) Reputation (1) Public Fear (1)
Admissions issues	General fear of AIDS/ARC would undoubtedly be a deterrent to the attraction/recruitment of residents (1)
Family Issues	Fears (1)
Fear	Exposure of geriatrics who are debilitated to possible infection among families (1)
General concerns	Family concern and reactions (2) Family acceptance (1)
Withdrawal of	Families would move residents out if they knew the residents home is caring for a person with AIDS (2) Family members of geriatric patients would take relatives to another facility rather than face exposure to AIDS (2) The public paranoia is a reality; we would most likely lose all of our private pay residents and most of our other residents. Family members would simply pull them out (1)
Resident Issues	
Fear	Resident fear (6)
Knowledge	Level of understanding of resident population (1)
General reactions/ acceptance	Resident population is mostly sisters (religious) Resident concern and reactions (2) Resident acceptance (1) Resident objections (1)
Request move	Some would request to be moved if AIDS patient admitted (1)
General adjustment	Ability of persons with AIDS to adjust to setting (1) Social environment is inappropriate of HIV person (1)
Age mix concerns	The likely age difference between residents (2)

	We are a geriatric facility and are use to programming for an average age of 84 (1) Nursing home is mainly for senior who need considerable assistance with care (1)
Physical Structural Issues	Our facility is not equipped to structurally hand a PWA (2) Building (1) Lack of space for this if needed (1) Space and physical set up would d inhibit proper care and infection control issues (1) Laundry department does all residents laundry together (1) Do not have many private rooms (1) Shared bathrooms with four residents would not meet current shortages (1)
Policy Issues	Shelter care guidelines make it impossible to give much "nursing care" (1) Minimum age requirements (1) Not a skilled facility/sheltered care provided (1) Intermediate care facilities for the developmentally disabled cannot serve (residents) in need of nursing care. We are a specialized program for persons with behavioral problems and could not serve a DD person with AIDS who have behavioral problems (1)

Table 4
Perceived Outcomes of a Policy to Care for Persons with AIDS

Outcomes (in rank order of means)	Likelihood of Occurrence: very likely (1)	likely (2)	somewhat likely (3)	not likely (4)	mean
Difficulty securing reimbursement	59.6	23.4	10.6	6.4	1.51
Difficulties with staff recruitment	56.9	31.4	11.8	0	1.55
Difficulties with staff assignments	52.9	35.3	9.8	2.0	1.61
Staff increased AIDS knowledge	51.0	37.3	7.8	3.9	1.65
Conflict between residents	43.1	35.3	17.6	3.9	1.82
Training and supervision difficulties	31.4	45.1	21.6	2.1	1.94
Decline in community referrals	33.3	29.4	23.5	9.8	2.02
Problems offering suitable activities	29.4	33.3	15.7	19.6	2.22
Uncontrolled demand for care	25.5	21.6	13.7	31.4	2.35
Difficulty finding physician care	13.7	31.4	21.6	31.4	2.67
Residents drug use problems	17.6	11.8	17.6	45.1	2.75
Positive recognition of home for providing AIDS Services	15.7	7.8	19.6	54.9	3.10
Improved community relations	7.8	9.8	11.8	68.6	3.37

Table 5
Administrators' Beliefs related to Financing of Care

Belief	Percentage Yes	No	Other[a]
Facility such as theirs could provide quality care at a lower rate per day than a hospital for a PWA requiring 24 hour care	28.8	55.8	15.4
It would cost their facility more per day to care for a PWA than what they consider to be an "average care need resident"	80.8	13.5	5.8
If adequate reimbursement was readily available their facility would admit a person with HIV infection	25.4	47.4	27.1
Estimated extra dollars per day necessary to provide services to what administrators believed to be an "average care need patient" with HIV infection			
	Mean		$85.53
	Range		$10 - $200

a. Includes short answers which could not be determined "yes" or "no" and no responses

Table 6
AIDS care Related Activities Which Occurred in Individual Facilities

Activity	Percentage	
	Has Occurred	Has not Occurred
AIDS care discussed in meetings at facility	55.8	44.2
Developed admissions policy	42.3	57.7
Sent staff to AIDS education program	38.5	61.5
Received inquiries from community or families regarding facility's AIDS policy	15.4	84.6
Sought help in caring for infected persons from specialists	9.6	90.4
Clarified admissions criteria to limit persons in HIV infection high risk groups (e.g. age, screen for homosexual or drug use history)	7.7	92.3
Involved volunteers in care of HIV residents	0	100.0